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Examiner Scott David Priebe		
USPTO, GAU 1632	<i>5</i> 71 <i>.2</i> 72.0 <b>7</b> 33	571.273.8300

## MESSAGE:

PLEASE DELIVER TO EXAMINER SCOTT DAVID PRIEBE, GAU 1632

RE: U.S. APPLICATION NO. 09/753,892 - FILING DATE: January 3, 2001

## **ENCLOSED FOR FILING, PLEASE FIND:**

- -Transmittal Form (1 page)
- -Fee Transmittal w/auth to Charge Deposit Acct. \$620 (dupl.)
- -Petition for 2 Mos. Extension of Time (dupl.)
- Request for Continued Examination (dupl.)
- -Amendment(14 pages)

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		Application Number		09/753,892				Δ
TRANSMITTAL FORM		Filing Date		January 3,	2001		DEAR:	]
		First Named Inventor	r	Leonid Yak	прол	CENT	BECE!	
		Art Unit		1632				
(to be used for all correspondence after In	olthel filling)	Examiner Name		Scott David	l Priebe	JA	AN 17	7:00
Total Number of Pages in This Submission		Attorney Docket Number		PANA0001	-100			7
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Fee Transmittal Form	Drawing(s	;)		After Allo	wance Co	mmunicatio	on to TC	
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Amendment / Reply	☐ Petitlon			Appeal Communication to TC (Appeal Notice, Brisf, Reply Brisf)				
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Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Le	etter			
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Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1.52 or 1.53								
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SIGN Firm	Cozen O'Conn	APPLICANT, ATTORI	NEY, OF	R AGENT			·	1
Signature	( ).	L1 00 0					<del></del>	-
Printed Name	Mark DeLuca		<del>-</del>	<u></u>				1
Date		Reg. No.	33,229		1			
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known					
	Application Number	09/753,892	RECEIVED			
FEE TRANSMITTAL	Filing Date	January 3, 2001	CENTRAL FAX CENTER			
for FY 2005	First Named Inventor	Leonid A. Yakubov	JAN 1 7 20u6			
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Scott David Priebe				
	Art Unit	1632				

TOTAL AMOUNT OF PAYMENT	(\$) 620.00	Attorney Docket No.	PANA0001-100 kg				
METHOD OF PAYMENT (check all that apply)							
Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  Deposit Account Deposit Account Number: 50-1275 Deposit Account Name: Cozen O'Connor  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
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FEE CALCULATION							
1. BASIC FILING, SEARCH, A		S EARCH FEES Small Entit	EXAMINAT	ION FEES	· ·		
Application Type Fee (	<u>\$)                                    </u>	ee(\$) Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)		
Utility 300	•	00 250	200	100			
Design 200	<del>-</del>	00 50	130	65			
Plant 200	-	00 150	160	80			
Reissuc 300		00 250	600	300			
Provisional 200	100	0 0	0	0			
2. EXCESS CLAIM FEES  Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee (\$)  25  200 100 360 180  Multiple Dependent Claims							
37 -20 or HP= 0	X	=		<u>Fee (\$)</u>	Fee Paid (\$)		
HP = highest number of total clain  Indep. Claims Extr 3 -3 or HP = 0  HP = highest number of independ	a Claims Fee(\$)	Fee Paid (\$) =					
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
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SUBMITTED BY				
Signature	whee	Registration No. (Attornoy/Agent) 33,229	Telephone	215.665.5592
Name (Print/Type)	Mark DoLuca		Date	January 17, 2008

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